



- 301 SW 10<sup>th</sup> Ave.
- Topeka, KS 66612
- Phone: (785) 368-8201
- www.kscle.gov

**File within 30 days of activity.**

**Attorneys:** this form and timed agenda can be emailed to: [kscle@kscourts.gov](mailto:kscle@kscourts.gov) for review.

**Providers:** This form, timed agenda, and the application fee, required by Rule 805a, must be mailed to the street address. Contact our office for instructions to set up a provider portal for online payments.

## Application for Approval of Live Programming including Telephone and/or Webinar

### Part A: Provider Information - **Required on all applications**

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Part B: Attorney Information (Only if submitted by an individual attorney for personal credit)

Attorney: \_\_\_\_\_ Kansas SC#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part C: CLE Activity Information (**This completed form and a TIMED AGENDA are required with all applications.**)

Title of Course: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_ City/State or Online/Telephone \_\_\_\_\_

Audience this course is directed and advertised to. If open to non-attorneys, you must list all other professional groups invited:

\_\_\_\_\_

Are there Instructional Materials for the program per Rule 805(c)4? Yes No

Registration Fee for course: No Charge Fee of \$ \_\_\_\_\_

Format (check one): In-Person Webinar Teleconference Hybrid (offered both online and in-person)

Is this program open to the general attorney public? Yes No

Total minutes of instruction\* \_\_\_\_\_ divided by 50 min equal \_\_\_\_\_ hours.  
This program includes \_\_\_\_\_ minutes of ethics & professionalism and \_\_\_\_\_ minutes of law practice management credit

**Provider:** Based on this information, a notice of accreditation/affidavit may be issued that will need to be signed by the attorney and returned to register credit. By signing below, I certify that this program meets all rules and guidelines required for CLE credit in the state of Kansas. This application, is true and complete.

\_\_\_\_\_  
If submitted by provider: Signature of Provider Representative

\_\_\_\_\_  
Date

**Attorney:** By signing below, I certify that this information is true and complete. \*I have calculated my hours in Part C based on my individual attendance. Based on this information, Kansas CLE will enter the approved hours directly in my Kansas CLE transcript unless a modification is required. If the application is submitted prior to the activity, a Notice of Accreditation will be issued.

\_\_\_\_\_  
If submitted by attorney: Signature of Attorney

\_\_\_\_\_  
Date